

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8	1					
9		1				
10		1				
11		1				
12		1				
13		1				
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23						
24	1					
25		1				
26		1				
27		1				
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29		1				
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36						
37						
38						
39						
40	1					
41		1				
42		1				
43		1				
44		1				
45		1				
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51						
52	1					
53		1				
54		1				
55		1				
56		1				
57		1				
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95						
96						
97						
98						
99						
100						
TOTAL IND.	5					
TOTAL DEP.	26					
TOTAL CLAIMS	31					